



Rucker

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London

John W. Smith Esq

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## Hepatitis

Hepatitis is a disease of the liver arising from inflammation in that viscus: It has a common origin with most or all of the Phlegmasiae: It may be produced by external causes, as blows or bruises; immoderate exercise; concussions in the substance of the liver; summer heats; Winter colds, & especially variable moist, & cold, & high living; intemperance in viands, & spirituous liquors; and long protracted Intermittents,

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I remittent fevers. Why these latter causes should  
direct inflammation to some particular part,  
or viscera rather than others, seems to me almost  
inexplicable. It has generally I believe been at-  
tributed to the debility of the part affected.

Dr Rush has remarked that intem-  
perance in the use of Wine generally produces—  
Gout; And intemperance in ardent spirits oc-  
casion disease of the liver. I have found this  
remark true in the Western States, & especially in  
Tennessee. In that Country the gout is hardly  
known on account of the scarcity of wine, but  
the profuse use of Whiskey adds annually to  
an sick but hundreds, laboring under  
Bipatality.

But perhaps the most frequent of the  
causes which I have enumerated is the  
long protraction of our Autumnal In-  
termittent, & Remittent bilious fevers.

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with which our citizens are so frequently afflicted. The absurd opinion that this disease is the offspring of branks, nags & other medicines used by practitioners is clearly disproved by the fact of its great prevalence among those who employ no remedies in the cure of Intermittents; and by the farther proof, if more testimony be required, that the bark itself frequently cures patients labouring under chronic Hepatitis, after promising some general evacuant.

Blows on the Head, & a burning neck, &c. have been ranked among the causes of Hepatitis; And indeed we should not at all wonder at it, when we take into consideration the close connexion, and very direct sympathy which exists between the Head & the Seat of this disease: This is particularly evinced by an alteration of the quality of the bile from injuries of the Skull; and inversely by the facility with which delirium is produced from inflammations of the Liver.

According to most writers who have treated

*[Faint, illegible handwriting in cursive script, likely bleed-through from the reverse side of the page.]*

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of hepatitis it is most frequent in damp tropical, or  
sultry climates. It has exacted a full share of consid-  
eration from the East & West India practitioners: And  
as well as those countries calculated for its production  
that Europeans & interior Americans on their arrival  
there expect its attack with almost as much certainty  
as they would the Plague when they had inhaled  
its originating atmosphere.

May not malarial miasmata produce inflam-  
mation of the liver in the same way that Dysentery is  
supposed to have its origin from febrile miasmata?

It is thought that the choleric & melancholic tem-  
peraments are propitious to the nature of this disease  
and that adults are oftener afflicted with it than  
those in earlier life. Some have conceived that ~~the~~  
the small lobe of the liver is oftener the seat of the  
disease. It has been believed that the outer or convex  
surfaces are oftener attacked than the inferior or  
concave. But in a remedial point of view these dis-  
cussions are of little importance, & indeed the truth

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is only to be obtained by dissection after the death of the patient.

In some cases the pain extends into the left shoulder, and then the left lobe is supposed to be diseased. But all the grounds we possess of determining the precise situation of the complaint, with out recourse to dissection, are deducible from the conjunction of those symptoms that are attendant upon the inflammation of the neighbouring viscera; viz. if there is evident marks of gastritis; acute pain, and burning heat in the stomach, heaving & tension in the gastric region we conclude that the parts nearest the stomach are affected. But if the patient has a difficulty in breathing & dry cough, together with the symptoms of pneumonic inflammation, we are induced to believe that the disease is seated contiguous to the diaphragm.

Peritonitis has been divided by pathologists into acute and chronic, according as it is supposed to partake of either, or indolent inflammation, or in

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the language of Dr Thomas, according as it shows the essential character of genuine inflammation or exhibit its symptoms of less violence as to its inflammatory tendency: though the gradations from one to the other are so regular, and easy that we will find it very difficult to establish a proper, or pathologic line of demarcation.

Acute Pleuritis is ushered in with a sense of chilliness, succeeded generally by a severe pain in the right hypochondrium, extending along the side into the right shoulder & clavicle. The patient is affected with a severe cough & dyspnoea; less with difficulty on any other than the side affected, makes ineffectual efforts to vomit, owing to a great nausea & sickness at stomach; sometimes large quantities of bilious matter are dislodged, but in a majority of cases there is a deficiency of bilious secretion; the bowels are generally inactive and the countenance which commonly indicates too little bilious matter; there is great thirst with a want of appetite.

There is great debility, induced probably by the very constant vigilance which is attendant on this disease, And because of the very great sympathy which exists between the head and liver, Delirium more generally supervenes on this than any other of the Phlegmasiae except gastritis.

the skin is hot and dry; and when the disease has continued a few days, it together with the tunica conjunctiva of the eyes are dead of a deep yellow colour; The tongue is covered sometimes with a white, & some times a yellow fur; The pulse is frequent hard and strong; The nose when drawn exhibits a buffy coat, and its colour generally indicates a superabundance of bile.<sup>x</sup>

But this disease is attended with very various symptoms, at one time there shall be chills & fevers together with every other pyrexial symptom attended with a tightness across the chest, or precordia for some days before the discovery of the diagnostic symptoms of the disease; And at another time acute pain in the neighbourhood of the liver shall be among the first symptoms. The pain is some times fixed, at others disillory and shifting; One while it is acute at another obtuse & deep seated. The right hypochondrium, breast, sh. shoulder, & clavicle are alternately the seat of affliction. Mandering.

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pains are occasionally felt in the back, loins, &c. and extremities. But to enumerate all the possible varieties of character under which this disease makes its attack, would lead me into a tediousness of detail that would not well comport with the precise and limited manner in which I intend to treat this subject. Let what has been said suffice for the history of the symptoms of genuine or Acute Hepatitis.

Chronic Hepatitis, is attended by most of the previously described symptoms, but is characterized by their milder forms. For sometimes persons have been insensible after death, and found covered in the substance of the liver, without having ever complained of any other than a very slight pain in the right hypochondriacum; but in the general the pain extends to the shoulder, and there is a considerable constriction in the region of the diseased viscus. There is generally a loss of appetite

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attended with flatulency, and pains in the stomach. The digestion is impaired. The complexion is morbidly yellow. The eyes are of a yellow tinge. The bowels are constipated and whatever is discharged is of a colour resembling white clay. The urine is of a deep saffron colour depositing a red sediment, & a viscid mucus. We may most generally by producing a relaxation of the muscles of the abdomen discover a very considerable increase of the size of the liver.

When this viscus grows so large it not unfrequently produces a difficulty of breathing, owing to its pressure upon the diaphragm & lungs. The Chronic species of Hepatitis is more frequently produced by calculous obstructions than the acute. When the bile secreted does not find vent, I have no doubt but that it is a cause of irritation & consequent inflammation in the gland secreting it. We know that a superabundance

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and long retention of milk is sometimes the cause  
of mammary abscess. I might remark here  
likewise that chronic Hepatitis more frequent-  
ly suppurates or intermittes fever, than the ac-  
ute species. In fact swelling and induration of  
the liver are almost certain to follow all diffi-  
culty cured agues.

Hepatitis is attended with so many & such  
various symptoms, and wears the living of so many  
of the other Phlegmasae, that it is at times very dif-  
ficult to decide upon the certainty of its existence;  
(and in fact sometimes the inflammation is so exten-  
ded among the neighbouring parts, that many of  
the viscera are involved in the consequences. It is  
extremely difficult sometimes to distinguish it from  
Gastritis, But there is generally in this latter disease  
greater prostration of strength, the pulse is weaker  
and quicker, & the stomach is more intolerant of  
food and drink. The discriminating marks  
between it and pneumonia, are a yellow coun-

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tenance caught without much expectoration; little or no dyspnoea; and above all the pain in the right shoulder and clavicle. The spasmodic affection of the gall ducts is sometimes mistaken for inflammation of the liver: Hepatitis may however be known from this disease by a permanency of pain, a want of nausea, and by the patient's indifference of position, as it respects the angle of the body; for in the spasmodic affection of the gall ducts the patient is only quiescent when the thigh are bent forward upon the body. I have likewise known the pain of the shoulder when the symptoms of the trunk were obscure, to be mistaken for rheumatism: but it should be remembered that redness and some degree of swelling and a metastatic disposition generally characterizing the rheumatic affection.

The inflammation of the liver like all others of the Plethoric form terminates either by resolution suppuration, Gangrene or Abscess. And

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These terminations are governed by the violence of the symptoms; Or the proper, or improper use of remedy. We can be assured of the ~~good~~ <sup>effect</sup> of the resolution of the inflammation by an abatement of the febrile symptoms, with out much loss of strength; a return of the appetite & an improvement of the complexion. Independent of the remedies employed there are - sometimes vicarious discharges of blood from the nose or hemorrhoidal vessels; Or a profuse natural secretion of mucus from the bronchia. The disease sometimes terminates in a copious diaphoresis, - a bilious diarrhoea or plentiful urinary discharge, denoting a copious sediment. Erysipelas has likewise been known to appear on the solution of this disease.

But if after all the remedies that should be employed there is no abatement of the pain, & pyrexial symptoms, the skin dry, and hot, the tongue parched, and the pulse full

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frequent, attended with rigors, we may pre-  
dict approaching suppuration. But of this how-  
ever we may soon be certain, by a sudden res-  
olution of pain, great weight in the region of the  
liver; the paroxysm of the fever increasing in  
the evening; flushing of the face, night sweats  
and other hectic symptoms; for these are al-  
most unerring tokens of the formation of mat-  
ter in some internal part. Constant hectic  
cold extremities and sinking pulse denote gangrene.

The termination in gangrene is very rare  
in temperate climates, and in fact it is said to oc-  
cur but seldom in the Indies. When gangrene ap-  
pears there is not the least ground of hope for  
recovery. Slightly it is to be sought for in Resolution  
alone; when the lips putrefies sometimes, reason  
after the formation of matter, if there happens to  
be a favorable evacuation. Inflammation has  
been known to attach the liver to the peritoneum;  
and in such a case the matter may be drawn

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off by a suitable opening to the patient recover.  
On <sup>the</sup> concave surface may attach itself to the  
Stomach or intestines and by the process of  
iteration an opening may be formed for the  
passage of the pus into their cavity. I have seen  
one or two cases where the matter was expectora-  
ted, and the right shoulder joint became em-  
physematous. Thus I supposed the abscess to be  
situated on the concave surface adjoining the  
diaphragm and that it together with the lungs  
was involved in the inflammation; And the alve-  
olar process formed a communication that ad-  
mitted the passage of the matter into the lungs  
where it was expectorated in the same way  
as if it had been primarily formed in that viscus.

But I am induced to believe that the  
cases in which the matter is evacuated in any  
one or all of the ways above mentioned, are  
very small in comparison with those in which  
the pus is retained, or merely discharged in the

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cavity of the abdomen; and that consequently the  
proportion of cures are very small compared with  
those ending fatally. In the last stage of this  
disease these symptoms supervene which are  
prevalent in the last stage of pulmonary consump-  
tion; hectic fever, profuse night sweats, colic, un-  
true diarrhoea &c.

Cachexia is sometimes a termination of  
acute hepatitis, but it most commonly follows  
an attack of the chronic species; and in fact  
is frequently found the liver very much swelled  
without discovering any of the symptoms of in-  
flammation, this is particularly the case in that  
swelling of the liver vulgarly called hepatic ager  
cake which succeeds to an attack of chronic hepatitis.  
The chronic species hardly ever terminates in sup-  
puration, & hence we may infer that danger  
is principally to be apprehended from cachexia.  
In duration of the liver destroys the healthy biliary se-  
cretion and thereby ruins digestion, nutrition & assimila-

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tion, and consequently produces emaciation, dropsy and death. I have generally found that those patients who could trace the cause of their disease to the excessive use of ardent spirits more frequently died dropical than any others.

### Treatment.

I shall now proceed to detail the practice that is proper to be pursued in the treatment of this disease: And as first in order I shall commence with Acute Hepatitis. The great importance of the liver argues the necessity of suffering no time to intervene between the commencement of this formidable disease and the employment of our remedies. It is true that the apprehension of immediate fatality, from an attack of Hepatitis is not so great as from inflammation of some of the other viscera; but death ultimately is not

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the less certain. Great inflammation of the liver without a speedy, & proper recourse to remedies, is as necessarily fatal as gastritis, enteritis, or pneumonia.

The leading indication is to lessen, or alter the inflammatory action, so as to prevent the supervention of gangrene, or that almost equally alarming termination the formation of matter in that viscus. To meet this view we must direct the strictest antiphlogistic regimen; copious depletion, & sparadoch; But it will require some judgement to determine how long it should be continued; for very little advantage can be expected from it when the inflammation has advanced beyond the probability of resolution or when suppuration has actually commenced. For the purpose above mentioned we should subtract eighteen or twenty ounces of blood as soon as we shall have ascertained an excess of the nature of the complaint. I have ordered a large quantity, be

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cause I conceive it of the utmost importance  
to commence with as large a bleeding as the pa-  
tient can well bear. We find recoveries much  
more certain & speedy from this method of e-  
vacuating the vascular system, than when  
small quantities are taken, and the operation  
is often repeated: In a farther use of the tan-  
al I should regard the admonitions of the pulse  
and the signs exhibited on an examination of the  
blood. If the first by its strength, fullness, & tension;  
and the latter by the appearance of a buffy coat,  
should indicate its necessity, I would repeat the  
operation occasionally. Some practitioners  
have confined a restriction to those cases in which  
the most violent symptoms prevail; But if on  
visiting my patient, I can be certain that he has  
just been attacked; even though the symptoms  
be mild, and indicate the existence of little  
inflammation, I should pursue the same treat-  
ment, because I know the equivocal & insidious

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manner in which it frequently makes its attacks. There is no doubt that many lives have been lost by injudiciously wavering between the propriety & impropriety of bleeding under such circumstances. If we delay the remedy only for a short time we permit the inflammation to proceed to the suppurative stage. It is likewise important to let the blood flow from the general circulation in a large stream. By doing so it more effectually lessens febrile action, and permits the blood vessels to retract to a healthy size & caliber. When the blood merely trickles from a small orifice it contributes very little to the relief of the patient.

Cupping & leeching have been likewise recommended with advantage after the use of general blood letting; but to be effectual they must be used with greater liberality than is customary with European practitioners. The employment of only three or four leeches

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has little or no effect in removing local con-  
gestion, whereas the greatest good often results  
from using twenty thirty or even fifty at a time.

As auxiliary to blood letting we should  
not neglect the application of leeches as  
soon as the pulse has been reduced. The ap-  
plication of a large bleeding jar to the hy-  
pocondriac region, very frequently ensures the  
most happy result. The employment of so slow  
acting a remedy was for a long time totally  
irreconcilable with the principles of the reviving  
until Mr John Hunter discovered this univer-  
sal law of the animal economy that no two  
actions of equal force could exist in the sys-  
tem at the same time. Thus it is one cure  
by exciting another. May I not use  
this language that as the resolution of in-  
flammation from apoplexy is earlier than  
that of common phlegmonous inflammation  
according to the above law of Mr Hunter, a

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general resolution diathesis is produced, and a solution of the inflamed viscus takes place in consequence of that general disposition to resolution. Does the benefit of blistering result sooner than the artificial inflammation begins to be resolved?

But to return: I think it much better to apply a large Erysipastic at first than to use small ones frequently repeated, because the benefit expected must be soon or we cannot hope for any! After suppuration commences we may decline their use.

There is another very important part of the antiphlogistic treatment to which I shall advert, Viz! the use of purgatives. It is proper to commence with this class of remedies as early as practicable, or as soon as we have bled the patient. Almost any of the cathartics will answer the intention. Doctor Saunders who has treated very elegantly,

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learnedly on the diseases of the liver, speaks  
in the highest commendation of the Neutral Salts.  
But the mercurial purgatives have been gene-  
rally considered best by practitioners in  
the Southern States. They are believed by  
them to possess almost a specific power in  
emulging the biliary vessels & thereby relie-  
ving them from the engorgement that pre-  
vails in Hepatitis. It is usual to give 15  
or 20 grs. of Calomel & if it is tardy in its  
operation to superadd some one of the neu-  
tral Salts: Sulphate of Soda, Sulphate of  
Magnesia or Super tartre of Potash: I  
prefer the latter because it not only acts  
upon the bowels, but excites a gentle dia-  
phoresis, which is well known to have a wan-  
dical effect in subduing inflammation.  
To the same end nauseating doses of some  
of the Antimonials are given, as likewise  
some of the vegetable emetics.

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To the catarrh does not act effectually which is known  
by the quantity, and quality of the discharge, it is in-  
stituted on the second or third day, being always then  
can guarded by the same principle, which regu-  
late the use of the lancet. Some practitioners use  
Mercury in this species of Hepatitis not merely with  
the intention of opening the alimentary canal,  
thus by lessening febrile action; But also after per-  
suing the depleting plan pretty extensively  
they find that the inflammation is hard to sub-  
due, they give Calomel in smaller quantity  
with the view of exciting a *saturation* - Thus  
instituting a new action which supercedes the  
morbid one. Doctor Saunders objects to the  
use of Mercurial preparations in acute Hepa-  
tites "that they are too stimulating for the al-  
ready too much excited system. To this I might  
reply that the advantage gained by their specif-  
ic action on the liver more than counterbalance  
any injurious effects resulting from the stimu-

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lating powers which they are presumed to possess. Calomel by exciting an action of its own in the liver checks the morbid inflammatory action in the ptyalism.

If the means above directed should not interrupt the tendency to suppuration it will be necessary to change the course: to give bark, wine, and a nutritious diet in order to procure the formation of healthy pus. Or if from the symptoms we are convinced that the inflammation has changed its form to that of the chronic kind, we will find it proper to pursue the treatment necessary for that species. In this too we find the preparations of mercury to be the best medicines. They are not however given with the view of purging alone, but mostly for the purpose of exciting a salivation. They should be given in small doses frequently repeated - regulated by a copperish taste in the mouth & a very good ptyalism. They promote the secretion of the liver, & excite a

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gentle perspirations To increase the latter if  
 feel they are sometimes combined with a  
 small quantity of some of the Stomachals &  
 when they pass too readily through the alimen-  
 tary canal it is usual to combine with them  
 a small quantity of opium in the form of pills  
 The following formula from Dr Thomas I have  
 found a very good one.

R. Hydragyr. submurat. ℥.ij  
 Opii Purif. . . . . ʒss  
 Stomach. Castoregal. grs. vi.  
 Symp. Simp℥ grs. ℥i  
 ft Massa in Pilul. ℥s. divid. i mane  
 et nocte gustidm sumenda.

The following is likewise a very good formula

R Hydragyr. Cor. Murat. grs. vi  
 Opii Purif. — " vi  
 Collicose. Spicac<sup>ae</sup> . . . . . XXIV.  
 Simp℥ Symp. grs. M.

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" give 2 or 3 in the course of 24 hours as may  
" be necessary.

As auxiliary to the above method of giving  
mercury we may rub it on the skin in the form  
of ointment. It has generally been directed to be  
rubbed either immediately over the diseased part  
or on the inside of the arms, & thighs near the  
groins & axillae; but I am uncertain which is best,  
owing to the mysterious action of mercury; Per  
haps it would be preferable to use it immedi  
ately over the diseased viscera after employing  
emetics.

Blisters are likewise very useful in the  
form of the palsy and especially when it has  
become tedious; But here a constant succe  
ion of moderate sized blisters are better than  
keeping up a discharge from an old one. The  
disease has become confirmed and it will

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require the use of remedies for a considerable time.  
The practice above detailed is very successful  
in that schorosity which follows Intermittent &  
Remittent Fevers.

It is necessary that patients labouring under Hepa-  
tites should observe a very strict dietetic regimen.  
The diet best adapted for them is such as is nour-  
ishing and easy of digestion; avoiding however  
salty meats and greasy substances. When they be-  
come convalescent they may be allowed to improve  
their diet by the addition of broth & light animal  
food. But in every stage of this complaint the lux-  
urious must abandon the pleasures of sumptuous  
latter, and the dram drinkers must lay aside  
the use of the bottle. Water is their best beverage,  
but if they must have something stronger, they do  
best use wine largely diluted. Late hours and  
night air should be cautiously avoided.

